

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

1D/386724

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	3					
5	0					
6	0					
7	0					
8	0					
9	0					
10	0					
11	0					
12	/					
13	/					
14	/					
15	2					
16	2					
17	0					
18	0					
19	0					
20	0					
21	0					
22	0					
23	/					
24	/					
25	/					
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27	4					
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50	/					
TOTAL IND.			4			
TOTAL DEP.			21			
TOTAL CLAIMS			25			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						